MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

00426

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: Rural — La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 51 yrs.

Hospital, institution, or street address where death occurred: "Santa Lodge"

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural — La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No. "Santa Lodge"

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Jane Rebecca Albrittain

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Henry E. Albrittain

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May 15, 1872

8. AGE: Years: 72 | Months: 8 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: White Plains Charles, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: own home

FATHER — 12. Name: Henry Roberts

FATHER — 13. Birthplace: Chas Co, Md.

MOTHER — 14. Maiden name: Sarah Lyons

MOTHER — 15. Birthplace: Chas. Co, Md.

18. Informant: Miss Louise Albrittain (daughter)

Address: La Plata, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-1-45 (month) (day) (year)

Cemetery or crematory: Mt Rest

Location: La Plata Md

18. Funeral director: Hewitt & Ryon

Address: Waldorf Md.

19. 1-31 (Date rec'd by registrar) 19 45 M. L. Hoard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 30, 1945 at 7:00 P.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from — 19 40, to Jan 30, 19 45

and that I last saw h[illegible] alive on Jan. 29 19 45

Immediate cause of death	DURATION
Cerebral hemorrhage	48 hrs.
Due to: Generalized arteriosclerosis	?
Due to: Chronic glomerulonephritis	17 yrs.
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jane E. MacKavanagh M.D. (M. D. or other)

Address: La Plata, Md. Date signed 1-30-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

STATE OF MARYLAND—CERTIFICATE OF DEATH 00427

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Charles — 93d — Registration Dist. No. 105

Village or City M. Waldorf, No. ____ St., ____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Joseph Bender If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ Waldorf, Md St., ____ Ward. ____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Oct. 21, 1857

7. AGE Yeers	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
87	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. (Carpenter)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. (Retired)

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Bastros, Pa. (State or country)

FATHER

13. NAME Jacot Bender

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Frederick Bender (Address) Waldorf, Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Williamsport, Pa. Date 1/24, 19 45

19. UNDERTAKER Hewitt & Ryon (Address) Waldorf, Md.

20. FILED 1-21, 19 45 M. L. McMurray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 20 (Day), 1945 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 19 44, to Jan 19, 19 45

I last saw him alive on Jan 19, 19 45; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Jan 11
Pulmonary edema	Jan 18

Other Contributory Causes of importance:

Chronic Bronchitis
Myocardiatis

Name of operation ____ Date of ____

Whet test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19 ____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. J. de Figueira M. D.

(Address) Hospital, City

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

00428

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Waldorf,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Waldorf, Rural.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles W. Brooks

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1943

8. AGE: Years 1 | Months 11 | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Chas. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Joseph D. Brooks

13. Birthplace Mason Spring, Md.

MOTHER 14. Maiden name Pernell Smith

15. Birthplace Md.

16. Informant Joseph D. Brooks (Father)

Address Waldorf, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/10/45 (month) (day) (year)

Cemetery or crematory St. Peters

Location Waldorf Md

18. Funeral director Hunt & Payne

Address Waldorf, Md.

19. 1-10 45 H E Mosher Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1945 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/9 1945, to 1/10 1945

and that I last saw h.s. alive on 1/9 1945

Immediate cause of death	DURATION
Pneumonia, lobar	
Due to Mal-nutrition	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. L. Woodburn M. D. or other

Address Waldorf Md Date signed 1/10 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

00429

CERTIFICATE OF DEATH

Reg. Dist. No. 108

1. PLACE OF DEATH:
County: Charles
City or town: Hughesfille
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Hughesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War No. 1

3. (a) FULL NAME: Harry Goodrich Currier

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Helen H. Currier
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 24 1894

8. AGE: Years	Months	Days	If less than one day
50	2	24	hrs. min.

9. Birthplace: Newark, N.J.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Harry G Currier
13. Birthplace: Portland Main

MOTHER
14. Maiden name: Jennie Richie
15. Birthplace: Newark, N.J.

16. Informant: Helen H. Currier
Address: Hughesville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17 1945 (month) (day) (year)
Cemetery or crematory: Mount Plesant
Location: Newark N.H.

18. Funeral director: Elmer M. Quade
Address: Hughesville, Md

19. 1-14- 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 14 1945, at 12 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1945 19 to 1945 19
and that I last saw him alive on Dec 14 1944 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	Jan 13
Due to: Hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: [address] Date signed Jan 14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

00430

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Willie Christopher Columbus Grinder.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8.(b) Name of husband or wife: Josie Lucket Grinder
8.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): June 1, 1861

8. AGE: Years	Months	Days	If less than one day
83	7	22	..... hrs. ..... min.

9. Birthplace: Washington, D.C.
(Town, county, and state)
10. Usual occupation: Farmer - Fisherman
11. Industry or business: Self.

FATHER
12. Name: Wm. Grinder
13. Birthplace: Wash. D.C.

MOTHER
14. ~~Maiden~~ name: Mary Ann Grinder
15. Birthplace: Wash. D.C.

18. Informant: Howard Murdock.
Address: Indian Head Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan. 26, 1945 (month) (day) (year)
Cemetery or crematory: Chicamuxen Methodist Church.
Location: Chicamuxen, Md.

18. Funeral director: Hunter & Ryan
Address: Waldorf, Md.

19. Jan. 23 1945 (Date rec'd by registrar) Henry Swuthmund Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 23 1945, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21 1944, to Jan. 23 1945
and that I last saw h(im) alive on Jan. 23 1945.

Immediate cause of death	DURATION
Carcinoma neck	3 months.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Hunter G. Susan M. D.
M. D. or other
Address: Indian Head, Md. Date signed: 1/23/45

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

00431

Reg. Dist. No. 102

1. PLACE OF DEATH:
County: Charles
City or town: Rural Grayton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 90 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural Grayton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME (Corrected) Lilly B. Gutrick

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widowed

6.(b) Name of husband or wife (Second) Robert Gutrick

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4. 1854

8. AGE: Years 90 | Months 6 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace: Grayton Md. (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: David Johnson
FATHER 13. Birthplace: Charles Co. Md

MOTHER 14. Maiden name: Millie Johnson
MOTHER 15. Birthplace: Charles Co. Md.

16. Informant: Isaiah Carter
Address: Grayton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 7 1945 (month) (day) (year)
Cemetery or crematory: Emmanuel Chapel M.E.
Location: Grayton, Md.

18. Funeral director: Thompson & Cox
Address: Mason Springs, Md.

19. 45 Jan 4 (Date received by registrar) 19 45 — D. D. Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 19 45 at 2 15 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Chronic Myocarditis	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Frank L. Susan M. D. (M. D. or other)
Address: Indian Head, Md. Date signed 1/1/45

STATE OF MARYLAND—CERTIFICATE OF DEATH

00432

108

1. PLACE OF DEATH

County Charles — Registration Dist. No. 108

Village or City Waldorf — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Elizabeth Hayes

(a) Residence: No. ____ St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	C	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14, 1944

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME William Hayes

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Elizabeth V. Matthews

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT William Hayes (Address) Waldorf Md

18. BURIAL, CREMATION, OR REMOVAL — Place St Peters Date Jan 2, 1945

19. UNDERTAKER Hunter & Lyon (Address) Frederick

20. FILED 1-1, 1945 M. L. Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 1 (Day), 1945 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1944 to Jan 2, 1945

I last saw h[e] alive on Dec 31, 1944; death is said to have occurred on the date stated above, at 9:30a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Da

Other **Contributary Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) G. O. Mord M. D.

(Address) Waldorf Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	**The principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

00433

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: Bel Alton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Bel Alton
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: Maurice Dutton Hayden

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary Cordelia (Swingen) Hayden
6.(c) If alive, give age: 60+ years

7. Birth date of deceased (mo., day, yr.): Dec. 6, 1873

8. AGE:	Years	Months	Days	If less than one day
	71	1	0	...hrs. ...min.

9. Birthplace: Allens Fresh, Charles, Md.
(Town, county, and state)
10. Usual occupation: Postmaster
11. Industry or business: Village postoffice
FATHER 12. Name: Charles F. Hayden
13. Birthplace: Chas. Co., Md.
MOTHER 14. Maiden name: Eliza A. Dutton
15. Birthplace: Chas. Co., Md.
16. Informant: Alma L. Elder (Granddaughter)
Address: Bel Alton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/8/45 (month) (day) (year)
Cemetery or crematory: St. Ignatius
Location: Bel Alton, Md
18. Funeral director: Hurst & Ryon
Address: Waldorf, Md.
19. 1-6 1945 (Date rec'd by registrar) Julius H. Parry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6, 1945 at 10:57 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5 1945 to Jan. 6 1945
and that I last saw him alive on Jan. 6 1945

Immediate cause of death	DURATION
Coronary thrombosis	14 hrs.
Due to: Coronary artery disease	2-3 months
Due to: Generalized arteriosclerosis	2-3 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ...Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ...Injured at work?

23. SIGNATURE: James L. MacKay M.D. M. D. or other
Address: La Plata, Md. Date signed 1-6-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7Ha

CERTIFICATE OF DEATH

00434

Reg. Diat. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Faulkner Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Chas
City or town: Faulkner Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John J Irwin, John J.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Wid

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 8-1866

8. AGE: Years	Months	Days	If less than one day
78	5	22	..... hrs. ..... min.

9. Birthplace: St Marys Co
(Town, county, and state)
10. Usual occupation: Blacksmith
11. Industry or business
FATHER 12. Name: John G Irwin
13. Birthplace: Ireland
MOTHER 14. Maiden name: Margaret Gibbons
15. Birthplace: Ireland
16. Informant: John G Irwin
Address: Faulkner Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-1-45 (month) (day) (year)
Cemetery or crematory: St Thomas
Location: Bealeton Va
18. Funeral director: Smith & Ryon
Address: Waldorf Md
19. 1-31 19 45 M. L. Mor Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-30 - 45 to 45 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-6 19 44 to 2-1 19 45 and that I last saw h[illegible] alive on 3-6-44 to

Immediate cause of death	DURATION
Coronary Thrombosis	1-30-45
Due to Coronary Heart Disease	3-6-44
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D.
M. D. or other
Address: LaPlata Md. Date signed 1-30-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

111435

Reg. Dist. No. 103

1. PLACE OF DEATH:

County Charles

City or town Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ~~Mary Lee Thomas~~ Joseph Clarence Tameson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife ~~X~~ Clara Regina Posey

6.(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1861

8. AGE:

Years	Months	Days	If less than one day
83	10	18	hrs. min.

9. Birthplace Brysontown, Md.

(Town, county, and state)

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER 12. Name William F. Tameson

13. Birthplace Brysontown, Md

MOTHER 14. Maiden name Margaret Queen

15. Birthplace Brysontown, Md

16. Informant J. Clarence Tameson Jr.

Address 2825 N. Howard St. Baltimore

17. Burial Date thereof 1/18/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's

Location Brysontown Md

18. Funeral director Hubert O Ryon

Address Waldorf, Md

19. Jan 16 45 Mary E. Buck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 16 1945 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1940 to 1-16 1945

and that I last saw him alive on 1-16 1945

Immediate cause of death	DURATION
Coronary Thrombosis	1-16-45
Due to Arteriosclerotic Heart	10-40
Due to Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Mellen M. D.

M. D. or other

Address La Plata, Md. Date signed 1-17-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

00436

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Donaldson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Elmer W. Lucas

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	~~Col~~ White	Married

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 18 90

8. AGE: Years	Months	Days	If less than one day
54	8	14	hrs. min.

9. Birthplace: Washington DC (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Eugene C. Lucas
13. Birthplace: Washington D.C.
MOTHER 14. Maiden name: Margaret F. Agle
15. Birthplace: Washington D.C.
16. Informant: Guy D. Lucas
Address: Washington D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 5 1945 (month) (day) (year)
Cemetery or crematory: Arlington
Location: National Cemetery
18. Funeral director: Deal
Address: Washington D.C.
19. Jan. 1 1945 (Date rec'd by registrar) Henry Dent Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1 1945, at 1800 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Coronary - Heart Disease — DURATION
Due to:
Due to:
Other conditions: Diabetes
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D.
M. D. or other
Address: Marbury Md. Date signed: Jan 1 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

00437

Reg. Dist. No. 165

1. PLACE OF DEATH:
County Charles
City or town Faulton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 75 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Md County Charles
City or town Faulton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Thaydeker Oswald

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1868

8. AGE: Years 76 | Months 6 | Days 10 | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Durgett Dickerson Browning
13. Birthplace Md

MOTHER 14. Maiden name Sarah Thompson
15. Birthplace Md

16. Informant Rev. G. L. Hunter
Address Faulton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5 1945 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Balto Md.

18. Funeral director Hyatt & Ryon
Address Faulton

19. 1-2 1945 M. L. Moore Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1945 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1944 to Jan 5 1945 and that I last saw h e r alive on Jan 4 1945

Immediate cause of death Congestive Heart Failure — DURATION: June 44

Due to Hypertension Heart Disease — DURATION: 4-12-44

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, factory, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. F. Adelen M. D.
M. D. or other

Address La Plata Md. Date signed 1-8-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (466)

00438

CERTIFICATE OF DEATH

Reg. Diat. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days.

Hospital, institution, or street address where death occurred: Chas. Mem. Hosp. La Plata

How long in hospital or institution? 5 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Pomfret

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William Owens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Wd

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
69 ?	?	?	hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace

16. Informant Hosp. Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/16/45 (month) (day) (year)

Cemetery or crematory St. Ignatius

Location Bel Alton, Md

18. Funeral director Hunt & Ryon

Address Waldorf, Md.

19. 1-6-45 19.. (Date rec'd by registrar) John H Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 1 1945 at 8 05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 - 17 1944 to 1 - 1 1945 and that I last saw h.. alive on 1 - 1 1945

Immediate cause of death	DURATION
Cancer of Rectum	11-24-44
Due to	
Due to	
Other conditions Hemiplegia	11-12-44

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Edelen M.D. M. D. or other

Address La Plata, Md Date signed 1-4-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

00439

Reg. Diat. No. 105

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Charles

City or town: Waldorf

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4-5 weeks

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Waldorf

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Robert Louis Pichural

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1944

8. AGE: Years	Months	Days	If less than one day
0	1	5	..... hrs. ..... min.

9. Birthplace: Waldorf Charles Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER — 12. Name: James Henry Pichural

FATHER — 13. Birthplace: Waldorf Md.

MOTHER — 14. Maiden name: Corine Johnson

MOTHER — 15. Birthplace: Waldorf Md.

16. Informant: Corine Pichural (mother)

Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-26-45 (month) (day) (year)

Cemetery or crematory: St Peters

Location: Waldorf Md

18. Funeral director: Hewitt & Hoyer

Address: Waldorf Md

19. 1-27-45 (Date rec'd by registrar) M. E. Mudd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26, 1945, at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26, 1945 to —

and that I saw h[illegible] on Jan. 26 1945

Immediate cause of death	DURATION
Due to: Natural causes, unknown, but probably prematurity	24 hrs.
Due to:	
Other conditions: Acute rhinitis	1-2 days

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James F. McKenrick, M.D., Dep. Md. Examiner, M. D. or other

Address: La Plata, Md. Date signed 1-26-45

Evidence for change of age of deceased is shown on FILM No. G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24)

CERTIFICATE OF DEATH

011440

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 hrs.

Hospital, institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? 12 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Waldorf

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Roscoe Pinkney

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1929

8. AGE: Years	Months	Days	If less than one day
15	5	11	..... hrs. ..... min.

9. Birthplace: Danville, Va. (Town, county, and state)

10. Usual occupation: ~~Farm hand~~ Scholar

11. Industry or business

FATHER 12. Name: Howard Pinkney

13. Birthplace: Md.

MOTHER 14. Maiden name: Alma Farmer

15. Birthplace: Waldorf Md

16. Informant: Howard Pinkney

Address: Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-17-45 (month) (day) (year)

Cemetery or crematory: Piney Church St. Paul

Location: Waldorf Piney Md

18. Funeral director: Hewitt & Rogers

Address: Waldorf Md

19. 1-15- 1945 (Date rec'd by registrar)

Julia H. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15, 1945, at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15, 1945, to ....., 19..; and that I last saw him alive on Jan 15, 1945

Immediate cause of death: Shock — DURATION: minutes

Due to: Ruptured liver and perforated wound of stomach — DURATION: 12 hrs.

Due to: accidental shotgun wound of abdomen

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: As above

Date of op. 1-15-45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 1-15-45

Where did injury occur? Waldorf (City or town) Charles (County) Md (State)

Injured at home, farm, industry, public place (where?) Farm

Means of injury: Shotgun Injured at work? No

23. SIGNATURE: Dep. Medical Examiner Jno. L. MacKenrodt, M.D. M. D. or other

Address: La Plata, Md. Date signed 1-15-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Waldorf md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Waldorf md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Laura Francis Robey

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: N.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Jerry Dudley Robey
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Nov 4-1884
8. AGE: Years: 60 Months: 2 Days: 24 If less than one day: hrs. min.
9. Birthplace: Waldorf Chas Co md (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Richard Lemuel Williams
13. Birthplace: Charles Co md

MOTHER
14. Maiden name: Elizabeth Jane Pierced
15. Birthplace: Charles Co md

16. Informant: Inez Kidwell Daughter
Address: Waldorf md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-30-45 (month) (day) (year)
Cemetery or crematory: Oakland Cemetry
Location: Waldorf md
18. Funeral director: Hewitt & Ryon
Address: Waldorf md
19. 1-29 19 45 W. L. Moore Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/28 1945 at 11 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8 1943, to 1/28 1945 and that I last saw h. alive on 1/25 1945

Immediate cause of death	DURATION
Hemorrhage, Pulmonary	
Due to: Pulmonary	2 yrs
Due to: Tuberculosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas. L. Wolbert M. D. or other
Address: Waldorf, Md Date signed: 1/28/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

111442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 101

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Pisgah
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Sadie W. Savoy

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Widowed

6.(b) Name of husband or wife: Ferd. Savoy
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 1881

8. AGE:

Years	Months	Days	If less than one day
62	11		hrs. min.

9. Birthplace: Nanjemoy Charles Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
12. Name of FATHER: Geo. Waters
13. Birthplace of FATHER: Charles Co. Md
14. Maiden name of MOTHER: Hennie Frazer
15. Birthplace of MOTHER: Charles Co. Md.
16. Informant: Freeman Waters
Address: Nanjemoy Md.
17. (Burial, cremation, or removal. Which?) Burial Date thereof: Jan 6 45 (month) (day) (year)
Cemetery or crematory: Mt Hope
Location: Dorchester Md.
18. Funeral director: Stanley Penny
Address: Mount Sprng Md
19. (Date rec'd by registrar) June 6 1945 Henry Smithsmith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 1945 at 5a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1945 to Jan 1945
and that I last saw her alive on Jan 1944

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to: Cardio-renal disease	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. O. Bicknell M.D.
M. D. or other
Address: Marbury Md Date signed: Jan 6 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00443

Reg. Dist. No. 401

1. PLACE OF DEATH:
County: Charles
City or town: Rural (Marbury)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural - Marbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Pearl Elizabeth Simmons

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Single.

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 30, 1944

8. AGE: Years | Months: 8 | Days: 20 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: James Edmund Simmons
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Pearl Maddox
15. Birthplace: Marbury Md.

16. Informant: Pearl Maddox
Address: Marbury

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 22, 1945 (month) (day) (year)
Cemetery or crematory: Smith Chapel
Location: Pisgah - Md
18. Funeral director: Penny & Cofer
Address: Mason Springs

19. Jan 22 1945 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 20 1945 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Croup (Spasmodic)	1 day
Due to: (Child unattended - cultures taken for Diphtheria)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Smith G. Susan M.D. M. D. or other
Address: Indian Head. Md. Date signed: 1/21/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24)

CERTIFICATE OF DEATH

111444

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? Patient at Childrens Hospital in Washington D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME James William Shelton.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr 23, 1941

8. AGE: Years	Months	Days	If less than one day
3	9	7	hrs. min.

9. Birthplace: La Plata Md
(Town, county and state)
10. Usual occupation: At home
11. Industry or business
FATHER 12. Name: James Bowie Shelton
13. Birthplace: Fredericksburg Va
MOTHER 14. Maiden name: Anna May Beavers
15. Birthplace: Manassas Va
16. Informant: Jas. B. Shelton
Address: Indian Head Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 2 1945 (month) (day) (year)
Cemetery or crematory: Nazarene.
Location: Pisgah Md.
18. Funeral director: Hunt & Ryon
Address: Waldorf Md
19. 2/ 19 45 Oley Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 19 45 at 12 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 44 to Jan 30 19 45
and that I last saw him alive on Jan 30 19 45

Immediate cause of death	DURATION
Cirrhosis of Livers.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D.
M. D. or other
Address: Harbury Md Date signed: Feb. 1 45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Rison Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Rison
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary M Turner

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	~~Married~~ Widowed

6.(b) Name of husband or wife: John Turner
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 3-1877

8. AGE: Years	Months	Days	If less than one day
65	11	10	..... hrs. ..... min.

9. Birthplace: Welcome Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Joseph Packard
13. Birthplace: Md Hardesty

MOTHER
14. Maiden name: Elmira J- Lockyer
15. Birthplace: Md

16. Informant: Aubrey Baird
Address: Rison Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-16-45 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Smithland Md

18. Funeral director: Hewitt & Ryon
Address: Waldorf Md

19. Jan 15 1945 (Date rec'd by registrar) Mary Smithland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 13 1945, at 7:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 44 1944, to Jan 45 1945 and that I last saw h-er alive on Jan 13 1945

Immediate cause of death	DURATION
Cardio-vascular renal disease.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bickell M.D.
M. D. or other
Address: Marbury Md Date signed Jan 16-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

00446

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Otto J. Weisenberg

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Ella Weisenberg 6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Nov. 21, 1877

8. AGE: Years	Months	Days	If less than one day
67	2	25	hrs. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Retired Boilermaker Helper
11. Industry or business:
12. FATHER — Name: Charles Weisenberg
13. Birthplace: Unknown
14. MOTHER — Maiden name: Elizabeth Klein
15. Birthplace: Unknown
16. Informant: Mrs. R. W. Palmer
Address: 18 Anacostia Rd. S.E.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/19/45 (month) (day) (year)
Cemetery or crematory: Project Hill
Location: Wash. D.C.
18. Funeral director: Hunt & Ryon
Address: Waldorf Md.
19. 1/17/45 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 16 1945 at 7:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1945 to Jan 16 1945
and that I last saw him alive on Jan 15 1945

Immediate cause of death	DURATION
Chron. Pneumonia	
Art. Cardiac Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bickwell M.D.
M. D. or other
Address: Marlboro Md. Date signed: Jan 17 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

011447

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Caroline Elizabeth Wheeler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: John W. Wheeler
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 29 1875

8. AGE: Years	Months	Days	If less than one day
69	6	18	hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John R. Thomas
13. Birthplace: Baltimore, Md.
MOTHER 14. Maiden name: Elizabeth Durham
15. Birthplace: Salisbury, Md.
16. Informant: John S. Wheeler
Address: Washington D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 19 1945 (month) (day) (year)
Cemetery or crematory: Methodist
Location: Chicamuxen, Md.
18. Funeral director: Hunter & Reyon
Address: Waldorf, Md
19. Jan 16 1945 (Date rec'd by registrar) Mrs Mary Sutherland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16, 1945, at a. m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944 to Dec 1944 and that I last saw h... alive on Dec 1944

Immediate cause of death	DURATION
Epilepsy (cerebral)	
Due to: Cardio vascular disease.	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. E. Bickmell M.D.
M. D. or other
Address: Marbury Md Date signed: Jan 16 45.